

23 MAR 2006

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101562941

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3	12		1			
4						
5	10		1			
6	22		1			
7	80		1			
8						
9	22		1			
10	22		1			
11	22		1			
12	1		1			
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14			1			
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TOTAL IND.	1		1			
TOTAL DEP.	19	◀	13	◀		
TOTAL CLAIMS	80	██████████	14	██████████		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		◀			◀	
TOTAL CLAIMS		██████████		██████████		

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